

# BioCartilage<sup>®</sup> Hospital Packet 2015







<p><b>ViroMed Laboratories</b> <b>Accreditations and Certifications</b></p>
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March 12, 2014

Dear Valued Client:

ViroMed Laboratories transferred its donor laboratory operations to Burlington, North Carolina, on October 1, 2013. A client letter mailed in September stated that ViroMed's accreditations and certifications will transfer to the new location and that when the updated FDA, CAP, and CLIA licensure with the Burlington address has been received, a final test transfer communication that includes paper copies of these updated licenses will be mailed to ViroMed clients.

Enclosed please find the current FDA Establishment Registration and Listing for Human Cells, Tissues And Cellular, And Tissue-Based Products (HCT/Ps) registration and the updated College of American Pathologists (CAP) accreditation. These documents are also available at [www.ViroMed.com](http://www.ViroMed.com). The Clinical Laboratory Improvement Amendments (CLIA) paper certificate will not be updated with the current address until after the expiration date of February 27, 2015. ViroMed Laboratories' current CLIA address can be located on the CMS.gov laboratory demographics lookup site by typing in ViroMed's certification number (24D0400424) at [http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA\\_Laboratory\\_Demographic\\_Information.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/CLIA_Laboratory_Demographic_Information.html).

In our new location, ViroMed continues to be your premier, FDA-licensed resource for donor testing with a dedicated account management team, experienced quality assurance and laboratory staff, and excellent service. Please note, the fax number for our location has changed to 336-436-1812. Contact your local sales representative or ViroMed Account Management at 800-582-0077 with any questions you may have regarding this communication.

1. REGISTRATION NUMBER (FDA Establishment Identifier)  
 FEI: 0002183472

2. REASON FOR SUBMISSION  
 a.  INITIAL REGISTRATION / LISTING  
 b.  ANNUAL REGISTRATION / LISTING  
 c.  CHANGE IN INFORMATION  
 d.  INACTIVE

10. ESTABLISHMENT FUNCTIONS AND TYPES OF HCT / PS

Types of HCT / Ps	Establishment Functions					14. PROPRIETARY NAME(S)
	Recover	Screen	Test	Package	Process	
a. Bone			X			
b. Cartilage			X			
c. Cornea			X			
d. Dura Mater						
e. Embryo	<input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous		X			X
f. Fascia			X			X
g. Heart Valve			X			X
h. Ligament			X			X
i. Oocyte	<input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous		X			X
j. Pericardium			X			X
k. Peripheral Blood Stem	<input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic		X			X
l. Sclera			X			X
m. Semen	<input checked="" type="checkbox"/> SIP <input checked="" type="checkbox"/> Directed <input checked="" type="checkbox"/> Anonymous		X			X
n. Skin			X			X
o. Somatic Cell Therapy Products	<input type="checkbox"/> Autologous <input type="checkbox"/> Family Related <input type="checkbox"/> Allogeneic					
p. Tendon			X			X
q. Umbilical Cord Blood	<input checked="" type="checkbox"/> Autologous <input checked="" type="checkbox"/> Family Related <input checked="" type="checkbox"/> Allogeneic		X			X
r. Vascular Graft			X			X
s. Therapeutic Cells			X			X
t.						
u.						
v.						

11. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS

12. HCT/PS REGULATED AS MEDICAL DEVICES

13. HCT/PS REGULATED AS DRUGS OR BIOLOGICAL DRUGS

3. OTHER FDA REGISTRATIONS  
 a. BLOOD FDA 2830 NO. FEI: 0002183472  
 b. DEVICES FDA 2891 NO. FEI: 0002183472  
 c. DRUG FDA 2658 NO. \_\_\_\_\_

4. PHYSICAL LOCATION (includes legal name, number and street, city, state, country, and post office code)  
 Laboratory Corporation of America ViroMed Laboratories  
 1447 York Court  
 Burlington, North Carolina 27215

5. ENTER CORRECTIONS TO ITEM 4

6. MAILING ADDRESS OF REPORTING OFFICIAL (include institution name if applicable, number and street, city, state, country, and post office code)  
 ViroMed Laboratories  
 Attn: Michael Roberts  
 1447 York Court  
 Burlington, North Carolina 27215

7. ENTER CORRECTIONS TO ITEM 6

8. U.S. AGENT

a. PHONE 336-436-3555 EXT \_\_\_\_\_  
 b. PHONE \_\_\_\_\_

9. REPORTING OFFICIAL'S SIGNATURE  
  
 a. TYPED NAME Michael Roberts  
 b. E-MAIL toberm@labcorp.com  
 c. TITLE General Manager, Senior Vice President  
 d. DATE 23-SEP-2013



**Health Care Regulation and Quality Improvement**  
800 NE Oregon Street, Suite 305  
Portland, Oregon 97232  
971-673-0540  
971-673-0556 (Fax)

February 4, 2015

H. Thomas Temple, M.D.  
UMTB  
1951 NW 7th Ave, Suite 200  
Miami, FL 33136

Dear Dr. Temple:

This letter is to notify you that UMTB has been renewed on the Oregon Procurement Organizations/Tissue Bank Registry. This registration is in effect for three years ending on March 19, 2018.

Thank you for your cooperation. Should you have any questions, please call me at the above phone number.

Sincerely,

A handwritten signature in cursive script that reads "Jane Gardner".

Jane Gardner  
Licensing and Certification Specialist  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

*If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY (971) 673-0372.*

# *American Association of Tissue Banks*

*Herewith certifies  
that the Institution named here*

*UMTB Biomedical, Inc.  
Miami, Florida*

*has met the Association's accreditation requirements and is  
hereby accredited for Recovery, Processing, Storage and Distribution of  
Dura Mater, Skin and Musculoskeletal Tissue  
for Transplantation and/or Education/Research; Recovery of Cardiac and Vascular  
Tissue for Transplantation and/or Education/Research; and Processing,  
Storage and Distribution of Autologous Tissue for Transplantation*

*October 27, 2014 – May 7, 2016*

*In witness whereof the undersigned officers, being duly authorized, have caused this Certificate to be issued and the  
Corporate Seal of this Association to be affixed hereon this the  
14<sup>th</sup> day of April 2015*



*J. Ken Combs*

*President*

*J. S. Sullivan*

*President & Chief Executive Officer*

*Accreditation # 00059/7*



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

**DIVISION OF PUBLIC HEALTH**

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Bureau of Communicable Disease

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April 7, 2015

Laura Malagon  
Director of Quality Assurance & Regulatory Affairs  
UMTB Biomedical Inc.  
Miami, Florida 33136

Subject: Updated State of Delaware Tissue Bank Registration 2015-2016

Dear Laura Malagon:

This letter is confirmation that UMTB Biomedical, Inc. [previously University of Miami Tissue Bank (UMTB)] is registered with the State of Delaware Tissue Bank Registry through April 30, 2016.

Thank you for notifying the Bureau of Communicable Diseases in a timely manner of any changes in to the information contained in the registration form, and for updating your registration. Please continue to keep contact information current to ensure timely delivery of updates and notifications.

If you have any questions, please contact the Bureau office at (302)-744-1050.

Sincerely,

*Jeanette Rodman*

Jeanette R. Rodman, MSN, RN  
Viral Hepatitis Prevention Coordinator  
Delaware's Division of Public Health  
(302) 744-1052 Fax (302) 739-2549

# NEW YORK STATE DEPARTMENT OF HEALTH

## LICENSE FOR TISSUE BANK OPERATION

Issued in accordance with and pursuant to section 4364 Public Health Law of New York State

*Tissue Bank ID No.: CP019TP015*

**Tissue Bank Director:**

**H. Thomas Temple, M.D.**

**Medical Director:**

**H. Thomas Temple, M.D.**

**University of Miami Miller School of Medicine Tissue Bank**

**1951 N.W. 7th Avenue, Suite 200**

**Miami, FL 33136**

is hereby **APPROVED** as a Tissue Bank for the following categories of service:

**Comprehensive Tissue Procurement Service**

**Musculoskeletal tissue**

**Skin tissue**

**Pericardium**

**Tissue Processing Facility**

**Musculoskeletal tissue**

**Skin tissue**

**Pericardium**

**Issued: May 25, 2012**

**Expires: June 1, 2016**

**Owner: University of Miami Miller School of Medicine**

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted.



MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MD 21228-4663

**TISSUE BANK PERMIT**

NUMBER: TB1184      EFFECTIVE PERIOD: 07/01/2014 - 06/30/2016

*Pursuant to the provisions of TITLE 17, subtitle 3, Health-General Article § 17-301 et seq.,  
Annotated Code of Maryland, this permit is issued to:*

**U OF MIAMI MILLER SCHOOL OF MEDICINE TISSUE BANK  
1951 NW 7TH AVENUE SUITE 200  
MIAMI, FL 33136**

**Director: H THOMAS TEMPLE**

**Owner: UNIVERSITY OF MIAMI**

*For operating, representing or servicing the following Tissue Bank Classes:*

**Cardiovascular Tissue Bank:**

Cardiovascular, Valve

**Musculoskeletal Tissue Bank:**

Bone, Cartilage, Demineralized Bone Matrix, Fascia Lata, Ligament, Musculoskeletal Tissue, Tendons

**Skin Bank:**

Skin

CONTROL: 56304

*Patricia Tomsko May, MD*  
**Director**

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*

CERTIFICATE #: 856

LICENSE #: 9

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**Tissue Bank**

Active

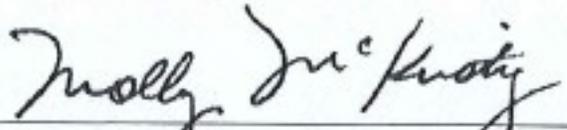
This is to confirm that UNIVERSITY OF MIAMI has complied with the requirements of the State of Florida, Agency for Health Care Administration, for certification as authorized by Florida Statutes 765.542 and is to operate the following:

**UNIVERSITY OF MIAMI TISSUE BANK**  
1951 NW 7 AVE SUITE 200  
MIAMI, FL 33136

Authorized Services: recover, process, distribute and store tissues

EFFECTIVE DATE: 05/22/2013

EXPIRATION DATE: 05/21/2015

  
Deputy Secretary, Division of Health Quality Assurance



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

Date: 01/02/15

**H. Thomas Temple, MD, Tissue Bank Director**  
1951 NW 7th Avenue Suite 200  
Miami, FL 33136

Registration Number **0113**

*State of Illinois*  
**2015 Tissue Bank Registration**

**UMTB**

Dear Director:

We are in receipt of your **2015 Tissue Bank Registration** with the State of Illinois. We welcome your cooperation to observe our State laws and you may use this document as proof of registration as required by *Title 77 Public Health Chapter 1: Department of Public Health Subchapter D: Laboratories and Blood Bank Part 470 Sperm Bank and Tissue Bank Code Section 470.30 Registration Requirements.*

Sincerely,



**Juan Garcia**  
Tissue & Sperm Bank  
Program Administrator  
Illinois Department of Public Health  
Health Care Facilities and Programs  
Laboratory Regulations (4th Floor)  
525 W Jefferson St Springfield, IL 62761

*Annual registration deadline is May 1, and renewal forms are mail out the first week of December each year.*

CERTIFICATE #: 93525

LICENSE #: 800026712

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**CLINICAL LABORATORY**

Licensed

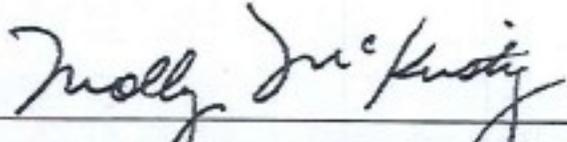
This is to confirm that UNIVERSITY OF MIAMI has complied with Chapter 483, Part I, Florida Statutes, and with Chapter 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or subspecialties of:

Histopathology

**UNIVERSITY OF MIAMI TISSUE BANK HISTOLOGY LAB**  
One Bob Hope Rd 2nd Fl Rm M205  
Miami, FL 33136

EFFECTIVE DATE: 02/13/2013

EXPIRATION DATE: 02/12/2015

  
Deputy Secretary, Division of Health Quality Assurance

# DEPARTMENT OF PUBLIC HEALTH

850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403  
(510) 625-3890



Dear Tissue Bank:  
Attached below is your tissue bank license.  
Your license is void after the expiration date.

NOTE: Application for renewal of license must be filed with the department not less than 30 days prior to its expiration date and shall be accompanied by the annual renewal fee. (CA H&S Code §1639.2)

### FORFEITURE OF LICENSE

A Tissue Bank license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

- (1) The tissue bank is sold or otherwise transferred.
- (2) The license is surrendered to the state department.

UMTB  
1951 N.W. 7<sup>TH</sup> AVE., SUITE 200  
MIAMI, FL 33136

ATTN: LAURA MALAGON

### QUESTIONS AND INFORMATION:

If you have any questions, please write to:

STATE OF CALIFORNIA  
DEPT. OF PUBLIC HEALTH  
Laboratory Field Services  
850 Marina Bay Parkway, Bldg P, 1<sup>st</sup> Floor  
Richmond, CA 94804-6403

Thank you for your cooperation.

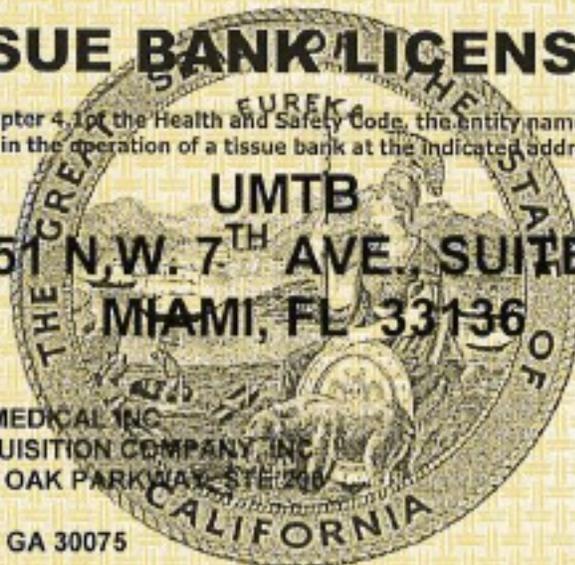
Tear Here

Tear Here

## STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TISSUE BANK LICENSE

In accordance with Division 2, Chapter 4.1 of the Health and Safety Code, the entity named below is hereby licensed to engage in the operation of a tissue bank at the indicated address

UMTB  
1951 N.W. 7<sup>TH</sup> AVE., SUITE 200  
MIAMI, FL 33136



Owner(s) Name: VIVEX BIOMEDICAL INC  
UMTB ACQUISITION COMPANY, INC  
Address: 1755 WEST OAK PARKWAY, STE 200  
City, State, Zip: MARIETTA, GA 30075

Tissue Bank Director:  
H. THOMAS TEMPLE, MD

TISSUE BANK ID NUMBER: CNC 80401

Issuance Date: NOVEMBER 18, 2014

Expiration Date: NOVEMBER 17, 2015

*Ronald Harkey*  
Ronald Harkey, Chief, Tissue Bank Licensing Section  
Laboratory Field Services

CERTIFICATE #: 95671

LICENSE #: 800001712

**State of Florida**  
AGENCY FOR HEALTH CARE ADMINISTRATION  
DIVISION OF HEALTH QUALITY ASSURANCE

**CLINICAL LABORATORY**

Licensed

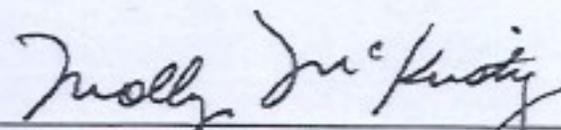
This is to confirm that UNIVERSITY OF MIAMI has complied with Chapter 483, Part I, Florida Statutes, and with Chapter 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or subspecialties of:

Bacteriology

**UNIVERSITY OF MIAMI - TISSUE BANK MICROBIOLOGY LABORATORY**  
1951 NW 7th Ave Room 2232  
Miami, FL 33136

EFFECTIVE DATE: 10/01/2013

EXPIRATION DATE: 09/30/2015



Deputy Secretary, Division of Health Quality Assurance

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# Accredited Bank Search

***Click on tissue bank name for more details.***

## UMTB Biomedical, Inc.

1951 NW 7th Ave.

Suite 200

Miami, FL 33136

Toll Free: 888-684-7783

Phone: 305-689-1400

Fax: 305-356-0920

Website: <http://www.umb.com/>

Accreditation Number: 00059/7



**Current as of 7/13/2015**

**Accreditation Expires 5/7/2016**

## Accredited For

Distribution - Autologous

Distribution - Musculoskeletal

Distribution - Skin

Distribution - Tissue for Education / Research

Processing - Autologous

Processing - Musculoskeletal

Processing - Skin

Processing - Tissue for Education / Research

Recovery - Cardiac

Recovery - Musculoskeletal

Recovery - Skin

Recovery - Tissue for Education / Research

Recovery - Vascular

Storage - Autologous

Storage - Musculoskeletal

Storage - Skin

Storage - Tissue for Education / Research

**[Return to Search Results](#)**

**[Create Another Search](#)**



Certificate Number  
100200  
Numéro de certificat

CTO Registration Certificate

CTO Certificat de l'enregistrement

**University of Miami Tissue Bank**  
1951 NW 7th Ave. Suite 200  
Miami, Florida, USA - United States of America, 33136

This certificate is issued in accordance with the *Regulations* respecting the Safety of Human Cells, Tissues and Organs for Transplantation for the following activities and categories of products:

Ce certificat est délivré conformément au Règlement sur la sécurité des cellules, tissus et organes humains destinés à la transplantation pour les activités et les catégories de produits suivants :

**ACTIVITY AND CTO INFORMATION DECEASED DONORS/ACTIVITÉ ET INFORMATION SUR LES CTO - DONNEURS DÉCÉDÉS**

Activity/Activité	CTO/CTO Organs/Organes	Tissues/Tissus	Ocular Tissues/Tissus oculaires
Donor Screening/Évaluation préliminaire du donneur		Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon	
Donor Testing/Examen du donneur		Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon	
Donor Suitability Assessment/Évaluation de l'admissibilité du donneur		Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon	
Retrieval/Prélèvement		Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon	
Testing and Measurements after Retrieval/Mensurations et essais après prélèvement		Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon	
Preparation for use in transplantation/Préparation pour usage dans la		Bone/Os Cartilage/Cartilage Facia/Facia	



transplantation	Pericardium/Pericardium Skin/Peau Tendon/Tendon
Preservation/Préservation	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon
Quarantine/Quarantaine	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon
Banking/Mise en banque	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon
Labelling and Packaging/ Étiquetage et emballage	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon
Distribution/Distribution	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon
Store/Conservation	Bone/Os Cartilage/Cartilage Facia/Facia Pericardium/Pericardium Skin/Peau Tendon/Tendon

**ACTIVITY AND CTO INFORMATION LIVE DONORS/ACTIVITÉ ET INFORMATION SUR LES CTO - DONNEURS VIVANTS**

Activity/Activité	CTO/CTO		
	Organs/Organes	Tissues/Tissus	Lympho-hematopoetic Cells/ Cellules lympho-hématopoïétiques
Donor Screening/Évaluation préliminaire du donneur		Amniotic membrane/Membrane amniotique	
Donor Testing/Examen du donneur		Amniotic membrane/Membrane amniotique	
Donor Suitability Assessment/ Évaluation de l'admissibilité du donneur		Amniotic membrane/Membrane amniotique	
Retrieval/Prélèvement		Amniotic membrane/Membrane	



Testing and Measurements after Retrieval / Mensurations et essais après prélèvement

amniotique

Amniotic membrane / Membrane amniotique

Preparation for use in transplantation / Préparation pour usage dans la transplantation

Amniotic membrane / Membrane amniotique

Preservation / Préservation

Amniotic membrane / Membrane amniotique

Quarantine / Quarantaine

Amniotic membrane / Membrane amniotique

Banking / Mise en banque

Amniotic membrane / Membrane amniotique

Labelling and Packaging / Étiquetage et emballage

Amniotic membrane / Membrane amniotique

Distribution / Distribution

Amniotic membrane / Membrane amniotique

Store / Conservation

Amniotic membrane / Membrane amniotique

This licence is subject to additional conditions as indicated in....

Cette licence est assujétie aux conditions supplémentaires indiquées dans le .....

Other Entity Annex / Annexe de l'autre entité

Issued On / Émis le: 2015-01-01 (CCYY-MM-DD)

Expiration date / Date d'expiration: 2016-12-31 (CCYY-MM-DD)

Countersigned: Director General, Health Products and Food Branch Inspectorate

Contresigné par: Directeur général, Inspectorat de la Direction générale des produits de santé et des aliments

Sharon Mullin

This certificate is the property of the Health Products and Food Branch Inspectorate and must be returned upon demand. Ce certificat appartient à l'inspecteurat de la Direction générale des produits de santé et des aliments et doit être retourné sur demande.





Certificate Number 100200 / Numéro du certificat

Other Entity Annex

Annexe de l'autre entité

University of Miami Tissue Bank, 1951 NW 7th Ave. Suite 200, Miami, Florida USA - United States of America 33136

This certificate is issued in accordance with the Regulations respecting the Safety of Human Cells, Tissues and Organs for Transplantation for the following activities and categories of products:

Ce certificat est délivré conformément au Règlement sur la sécurité des cellules, tissus et organes humains destinés à la transplantation pour les activités et les catégories de produits suivants :

Other Entities

Autres entités

Table with 2 columns: English description and French description. Rows include Laboratory Corporation of America ViroMed Laboratories, LABS Inc., and VRL Laboratories, detailing deceased and live donor activities.



# 4  
Assay Technology  
1382 Stealth Street  
Livermore, California  
USA - United States of America, 94551

DECEASED DONOR ACTIVITIES  
Donor Testing: Tissues

LIVE DONOR ACTIVITIES

# 5  
Sterigenics International Inc.  
10811 Withers Cove Park Drive  
Charlotte, North Carolina  
USA - United States of America, 28278

DECEASED DONOR ACTIVITIES  
Donor Testing: Tissues

LIVE DONOR ACTIVITIES

# 6  
Element Materials Technology (Sherry Laboratories)  
9301 Innovation Drive, Suite 125  
Daleville, Indiana  
USA - United States of America,

DECEASED DONOR ACTIVITIES  
Donor Testing: Tissues

LIVE DONOR ACTIVITIES

# 4  
Assay Technology  
1382 Stealth Street  
Livermore, California  
EUA - Etats-Unis d'Amérique, 94551

ACTIVITÉS DES DONNEURS DÉCÉDÉS  
Examen du donneur: Tissus

ACTIVITÉS DES DONNEURS VIVANTS

# 5  
Sterigenics International Inc.  
10811 Withers Cove Park Drive  
Charlotte, North Carolina  
EUA - Etats-Unis d'Amérique, 28278

ACTIVITÉS DES DONNEURS DÉCÉDÉS  
Examen du donneur: Tissus

ACTIVITÉS DES DONNEURS VIVANTS

# 6  
Element Materials Technology (Sherry Laboratories)  
9301 Innovation Drive, Suite 125  
Daleville, Indiana  
EUA - Etats-Unis d'Amérique,

ACTIVITÉS DES DONNEURS DÉCÉDÉS  
Examen du donneur: Tissus

ACTIVITÉS DES DONNEURS VIVANTS

**Issued on / Emise le:** 2015-01-01 (CCYY-MM-DD)

**Expiration date / Date d'expiration:** 2016-12-31 (CCYY-MM-DD)

\*\*\* End of Registration / Fin de l'enregistrement \*\*\*